

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Keep the Promise PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00575415	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Advantage Direct</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 28 / 2015</b>	
Mailing Address <b>2300 Clarendon Blvd Ste 303</b>		Amount <b>35000.00</b>	
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22201</b>	Transaction ID : <b>SE.4212</b>
Purpose of Expenditure <b>PAC Voter ID Program</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 30 / 2015</b>
Name of Federal Candidate <b>RAFAEL EDWARD 'TED' CRUZ</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>SC</b>
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Left Hand Design</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 28 / 2015</b>	
Mailing Address <b>7233 Manchaca Rd #37</b>		Amount <b>416.76</b>	
City <b>Austin</b>	State <b>TX</b>	Zip Code <b>78745</b>	Transaction ID : <b>SE.4213</b>
Purpose of Expenditure <b>PAC Promotional Material</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 30 / 2015</b>
Name of Federal Candidate <b>RAFAEL EDWARD 'TED' CRUZ</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>SC</b>
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>35416.76</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dathan Voelter

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 30 / 2015**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Keep the Promise PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00575415	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Thomas Graphics</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 28 / 2015</b>	
Mailing Address <b>PO Box 142226</b>		Amount <b>2670.53</b>	
City <b>Austin</b>	State <b>TX</b>	Zip Code <b>78714</b>	Transaction ID : <b>SE.4214</b>
Purpose of Expenditure <b>PAC Printing</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 30 / 2015</b>	
Name of Federal Candidate <b>RAFAEL EDWARD 'TED' CRUZ</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>00</b> State: <b>SC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: State:	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>2670.53</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>38087.29</b>

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Dathan Voelter

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 30 / 2015**

Signature